

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012283

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 170

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0551

0550

3

4 1

5 1

6

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9416X

10

11

121-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FILED APR 1 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Aurora

Length of stay in 1b

3 hrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Aurora Com. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lawrence

c. CITY OR TOWN

Aurora

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rural Route 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First: Dorothea

Middle

Virginia

Last

Askins

4. DATE OF DEATH

Month

March

Day

21

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/27/1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lawrence County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

B. L. Wilks

13b. MOTHER'S MAIDEN NAME

Nettie Blackmore

14. NAME OF HUSBAND OR WIFE

Oden Askins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Oden Askins, Route 2, Aurora, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Congestive Heart Failure

4 hrs

DUE TO (c)

Rheumatic Heart Disease

25 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948, to 3/21/63 and last saw her alive on 3/21/63. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

23d. LOCATION (City, town, or county)

Marionville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Marsh Funeral Home, Inc., Aurora, Mo.

25. DATE RECD. BY LOCAL REG.

3/27/63

26. REGISTRAR'S SIGNATURE

George Langley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Everett Crawford, Jr., Student Embalmer No. 675

working under my personal supervision.

Student:

Everett Crawford, Jr.
Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No.

4213

P. O. Address

Morett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.